

CHRISTOPHER WAYNE LESTER

3 OF 14



STYLE OF CASE: Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Christopher Wayne Lester

FROM: Corporate Health Services
14186 MacCorkle Avenue SW
Charleston, WV 25303
(304) 388-1307

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688085-0001
THROUGH 500688085-0049.

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Case No. C-1-01-428

Michael W. Harris

: Southern District Court

vs.

: County of Hamilton

Purdue Pharma L.P., et al

: State of Ohio

Records pertaining to: Christopher Lester

Custodian of Records For: Corporate Health Services

I have conducted a thorough search of our files for the requested records, including but not limited to: patient intake forms and health questionnaires, and/or consent forms, and/or physical examination records, and/or x-rays, and/or pathology slides and/or blocks, and/or all nurses notes and physicians notes, and/or treatment records and reports, and/or prescription records, and/or third-party consultation records, and/or records of treatment at hospitals and other health care providers, and/or test results from outside laboratories, and/or itemized billing records, and/or insurance claims forms, and or personnel records and/or payroll records, and/or academic records, and/or correspondence.

I certify that nothing has been removed from the original file before releasing copies of these records or the originals. The records I am releasing are the original records or exact duplicates of the original records and include each and every record contained in the file on the above-named individual.

Cheryl L. Pauley
AFFIANT

Daren Mansfield 8/8/03
WITNESS

August 8, 2003
DATE

03/14/00 09:19 AM EST via VSI-FAX

Page 1 of 1 #15327

CHARLESTON AREA MEDICAL CENTER

Department of Medical Imaging
GENERAL DIVISION
501 Morris Street
Charleston, WV 25301
(304) 348-6044

NAME: LESTER, CHRISTOPHER W

MRN:00301467

DOB: [REDACTED] 1971 00:00

Patient type: E

Requesting Service: GEN EMERGENCY DEPARTMENT

PT. NUMBER: 1203788565

PT. LOCATION:

SEX:M

Req. Phys: BAILEY, DAVID

Order: 1119241

Result: 930851

Addendum: 0

Procedure Completed Date: 03/10/2000

Reason: C5 FELL QUES LOC RT SIDED HASHOULDER RIB PAIN

CERVICAL SPINE ROUTINE

C6 and C7, as well as the C7-T1 relationship are not well visualized in the lateral projection. These areas appear within normal limits on the AP projections. Evaluation of this area by CT is recommended. The balance of the cervical spine is entirely within normal limits.

Dictated by: JAMES T. SMITH, M.D. job 1414 3 -10-2000 1156 hours

Verified by: JAMES T. SMITH, M.D. 03/10/2000 14:59

Trans: LAURA J. ODELL 03/10/2000 13:53

Technologist:LISA M. KELLY

RADIOLOGY REPORT
VERIFIED

500688.085.0001

03/14/00 09:02 AM EST via VSI-FAX

Page 1 of 1 #15326

CHARLESTON AREA MEDICAL CENTER

Department of Medical Imaging

GENERAL DIVISION

501 Morris Street

Charleston, WV 25301

(304) 348-6044

NAME: LESTER, CHRISTOPHER W

MRN:00301467

DOB: [REDACTED] 1971 00:00

Patient type: E

Requesting Service: GEN EMERGENCY DEPARTMENT

PT. NUMBER: 1203788565

PT. LOCATION:

SEX:M

Req. Phys: BAILEY, DAVID

Order: 1119361

Result: 930795

Addendum: 0

Procedure Completed Date: 03/10/2000

Reason: C 5 FELL UNABLE TO CLEAR

CT CERVICAL SPINE W/O CONTRAST

HISTORY: Recent fall.

3mm interval scans from the upper aspect of C5 through bottom aspect of T1 is performed with sagittal and coronal reconstructions. There is no acute fracture, subluxation or dislocation.

IMPRESSION:

No evidence of acute fracture or subluxation.

Dictated by: MARY H. MCJUNKIN, M.D. job 1324 3-10-2000 1016 hours

Verified by: MARY H. MCJUNKIN, M.D. 03/10/2000 14:21

Trans: LAURA J. ODELL 03/10/2000 12:55

Technologist: RICHARD L. COOPER

**RADIOLOGY REPORT
VERIFIED**

500688.085.0002

03/22/00 02:45 PM EST via VSI-FAX

Page 1 of 1 #1738!

CHARLESTON AREA MEDICAL CENTER

Department of Medical Imaging
MEMORIAL DIVISION
3200 MacCorkle Avenue, S.E.
Charleston, WV 25304
(304) 348-5455

NAME: LESTER, CHRISTOPHER W
MRN:00301467
DOB: [REDACTED]/1971 00:00
Requesting Phys:BAILEY, MARSHA
Requesting Service: MEM REFERRED

PT. LOCATION:
SEX: M
Patient Type:O
PIN:1203878937

Order: 1128109 Result: 938366 Addendum: 0

Completed Date:03/21/2000

Reason: LEFT SHOULDER STRAIN

MRI LEFT SHOULDER

Multiphase multisequence images were obtained. The supraspinatus tendon is intact. There is no evidence for joint fluid. The glenoid labrum is normal. No focal bony abnormalities are demonstrated.

IMPRESSION:

No evidence for rotator cuff tear.

Dictated by: TIMOTHY A. CONNER, M.D. 3-22-00 0831 hours job 9517
Verified by: TIMOTHY A. CONNER, M.D. 03/22/2000 10:46

Trans: DARLENE A. MINK 03/22/2000 10:02

Technologist: LORI SINGER, JENNIFER MCNEAL

**RADIOLOGY REPORT
VERIFIED**

Charleston Area Medical Center, Inc.

General Division 501 Morris Street Charleston, WV 25301	Memorial Division 1200 Main Circle Ave., SE Charleston, WV 25304	Women & Child Hospital 800 Pennsylvania Avenue Charleston, WV 25302
---	--	---

FOR Christopher Jester
 Address _____ Date 4/4/00

Rx Physical therapy for R shoulder strain
 and cervical strain

Please Print _____ Degree _____
 (Signature) Cathy M. Smith, MD Degree _____
 PLEASE LABEL CONTENTS _____
 Name of Patient _____

☐ NON-REF ☐ REFILL X _____ DTA NUMBER _____

This prescription may be filled with a generically equivalent drug product unless the words "Brand Necessary" or the words "Brand Medically Necessary" are written, in the practitioner's own handwriting, on this prescription form.
THIS PRESCRIPTION FORM IS PRINTED IN PURPLE INK Rev. 11-99

CHARLESTON AREA MEDICAL CENTER

Department of Medical Imaging

GENERAL DIVISION

501 Morris Street

Charleston, WV 25301

(304) 348-6044

NAME: LESTER, CHRISTOPHER W

MRN:00301467

DOB: [REDACTED]/1971 00:00

Patient type: E

Requesting Service: GEN EMERGENCY DEPARTMENT

PT. NUMBER: 1203788565

PT. LOCATION:

SEX:M

Req. Phys: BAILEY, DAVID

Order: 1119245

Result: 930853

Addendum: 0

Procedure Completed Date: 03/10/2000

Reason: C5 FELL QUES LOC HA SHOULDERRIB PAIN LEFT

SHOULDER-LEFT

Films of the left shoulder disclose no evidence of fracture or dislocation. The bony structures are within the range of normal.

IMPRESSION: Normal examination.

Dictated by: JAMES T. SMITH, M.D. Job 1415 3-10-2000 1157 hours

Verified by: JAMES T. SMITH, M.D. 03/10/2000 14:59

Trans: LAURA J. ODELL 03/10/2000 13:54

Technologist: LISA M. KELLY

**RADIOLOGY REPORT
VERIFIED**

03/14/00 09:21 AM EST via VSI-FAX

Page 1 of 1 #1532

CHARLESTON AREA MEDICAL CENTER

Department of Medical Imaging
GENERAL DIVISION
501 Morris Street
Charleston, WV 25301
(304) 348-6044

NAME: LESTER, CHRISTOPHER W

MRN:00301467

DOB: [REDACTED] 1971 00:00

Patient type: E

Requesting Service: GEN EMERGENCY DEPARTMENT

PT. NUMBER: 1203788565

PT. LOCATION:

SEX:M

Req. Phys: BAILEY, DAVID

Order: 1119239

Result: 930793

Addendum: 0

Procedure Completed Date: 03/10/2000

Reason: C 5 FELL QUES LOC RT SIDED HALT SHOULDER RIB PAIN

CT HEAD WITHOUT CONTRAST

HISTORY: Recent fall.

Noncontrasted study of the head reveals a linear density in the left frontal region which I believe represents streak artifact. This is persistent inspite of repeat imaging. I doubt that there is a subdural or epidural hematoma of significance. The ventricular systems are within normal limits without midline shift. There is a single rounded low density lesion in the right basal ganglia of questionable etiology. Old lacunar infarct cannot be excluded. There is no cranial vault fracture.

IMPRESSION:

Single rounded low density lesion in the right basal ganglia of questionable etiology. An old infarct cannot be completely excluded. No definite acute hemorrhage.

Dictated by: MARY H. MCJUNKIN, M.D. 3-10-00 1015 hours job 1323

Verified by: MARY H. MCJUNKIN, M.D. 03/10/2000 14:18

Trans: DARLENE A. MINK 03/10/2000 12:53

Technologist: RICHARD L. COOPER

**RADIOLOGY REPORT
VERIFIED**

03/14/00 09:00 AM EST via VSI-FAX

Page 1 of 1 #15325

CHARLESTON AREA MEDICAL CENTER

Department of Medical Imaging
GENERAL DIVISION
501 Morris Street
Charleston, WV 25301
(304) 348-6044

NAME: LESTER, CHRISTOPHER W

MRN:00301467

DOB: [REDACTED] 1971 00:00

Patient type: E

Requesting Service: GEN EMERGENCY DEPARTMENT

PT. NUMBER: 1203807506

PT. LOCATION:

SEX:M

Req. Phys: KWEI, LEON S

Order: 1121352

Result: 932404

Addendum: 0

Procedure Completed Date: 03/13/2000

Reason:

SEVERE HEADACHE

G11

CT HEAD WITHOUT CONTRAST

Routine brain CT was performed without contrast material. This is compared to an identical study performed three days ago. There has been no interval change. Previously described area of hypodensity in the region of the right basal ganglia is again identified and is of questionable significance. No hemorrhage, mass effect, or other focal acute abnormality is demonstrated.

CONCLUSION:

1. Unchanged intracranial findings.

Dictated by: JAMES T. SMITH, M.D. 3/13/00 1357 hours job 3174

Verified by: JAMES T. SMITH, M.D. 03/13/2000 16:51

Trans: ELIZABETH A. JOHNSON 03/13/2000 15:53

Technologist: SANDRA L. SAYRE, NEAL C. HILL

**RADIOLOGY REPORT
VERIFIED**



1418-C MacCorkle Avenue, SW
Charleston, West Virginia 25303
(304) 348-1000

REPORT OF DRUG TEST RESULTS

Donor's Name: Christopher Lester, Sr.

Social Security Number: [REDACTED] - 3340

Employer: Eastern States mines

Contact Person: Margie

Reason for Test: ☒ Pre-employment ☐ Random

☐ Post-Accident ☐ Periodic

☐ Reasonable Cause ☐ Other

Collection Date: 3-24-98
(Month) (Day) (Year)

Collection Site: Corporate Health Services

Laboratory: American Medical Laboratories

TEST RESULTS: NEGATIVE

Medical Review Officer: Manmohan V. Ranadive, M.D.

(Print)

Dr. V. Ranadive

(Signature)

3-26-98
(Date)

Occupational Medicine
(304) 348-1000

Executive Physicals
(304) 348-1000

Corporate Wellness
(304) 348-1030

LifeFit Diet Modification Center
(304) 348-1040



500688.085.0009

AMERICAN MEDICAL LABORATORIES, INC.®

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 Chantilly, VA 20153-0841
 Telephone: (703) 802-6900

233153340 26148176/0 (ADULT ASSUMED)
 Page 1 From Chantilly FOR CHA:T16425
 COLLECTED: 03/24/1998 26216 MANMOHAN V. RANADIVE, M.D.*
 RECEIVED: 03/25/98 CORPORATE HEALTH SERVICES
 REPORTED: 03/25/98 1418C MACCORKLE AVENUE, SW
 1998/ 0/ 26216/ 0/3964 CHARLESTON WV 25303
 PATIENT ID: [REDACTED] 340 TEST REASON:PRE
 SITE CODE: 77779923 COLL. SITE: CHAS, WV
 Please note: EASTERN STATES MMES

-----TESTS-----RESULTS-----REF. RANGE-----UNITS-----

180577/Chantilly

Medicolegal Toxicology

MEDICOLEGAL CHAIN-OF-CUSTODY REPORT.

Chain of Custody document received and specimen
 seal intact.

24227/Chantilly

Progressive Drug Screen # 7 - RESTRICTED DATA

Test results

Screen cutoff

MARIJUANA METABOLITES	negative	@50 ng/mL
PCP (PHENCYCLIDINE)	negative	@25 ng/mL
AMPHETAMINES	negative	@1000 ng/mL
COCAINE METABOLITES	negative	@300 ng/mL
OPIATE METABOLITES	negative	@300 ng/mL

Creatinine, Urine

>=20 mg/dL

pH

within acceptable range of 4.5-9

Confirmatory tests

No drugs were detected.

(Confirmatory testing not
 performed on negative screens.)

Director of Forensic Toxicology,
 Anthony G. Costantino, PhD

*** FINAL REPORT ***

LP 270503-1S 14361

Age and sex dependent reference ranges are printed when available
 if age and sex are designated. Otherwise, adult values are given

IRA D. GODWIN, M.D.
 DIRECTOR OF LABORATORIES

500688.085.0010

Closed head injury C Strain
mult. Contusions
mult. Strains

Client: Christopher W. Lester DOI: 3-10-00
ICD: 959.01/847.0; 847.1 847.2 Claim #: 2000046841
DOB: [REDACTED] 71 SS#: [REDACTED] 3340

Case Manager: Cheryl Armes Phone # 926-5375 Fax#
Johnson

DATE	Case Management Communication
4-7	<p>Rec call from Cheryl + needs ^{scripts +} medical on Chris. Will get signed by Dr. Bailey + sent to w/c. Rec claim # today. Wants to Δ to Dr. Snijder + notified Cheryl + don't have to Δ m.d. in 15+ 30 days." "We are also switching because we want to go back to orig claim ^{1st} m.d. (am)</p> <p>Gave copy to Mr. Lester to take to w/c in sealed envelope (am)</p>

OFFICE NOTES

Claim
2000046841

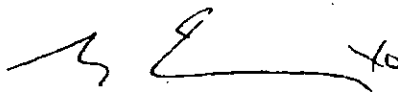
Christopher Lester

3340

04/04/00

- S Date of injury was 3/10/00. Mr. Lester is here for follow up on left shoulder strain, cervical strain and closed head injury. Patient's chief complaint is pain with movement in left shoulder, rating it as an 8 out of 10; it has lasted approximately three (3) weeks. The patient has extreme pain with moving left shoulder. Patient began physical therapy and says he can't tell much of a difference at the moment. The patient has been seen four (4) times. The patient also reports having pain shoot up his neck and around his right shoulder, described as like electricity, it wakes him up at night. He is also having headaches located in the occipit. The patient is taking Vicodin, Ibuprofen and Flexeril as prescribed.
- O On physical exam the patient is alert and oriented to person, place, time and situation. He has limited range of motion of left shoulder, he is only able to move the shoulder approximately 30° forward or backward and is able to raise his arm approximately 45° laterally. The patient's reflexes are 2 out of 4 bilaterally. Pulses are 2 bilaterally radial. Strength is limited in the left shoulder secondary to pain. Patient also has point tenderness along the occipital ridge of the skull and paraspinal muscles, located in the cervical spine. The patient also has tenderness along the sternocleidomastoid bilaterally.
- A 1. Left shoulder strain; 2. Cervical strain; 3. Closed head injury.
- P Will continue physical therapy for left shoulder, and will include cervical neck. Will continue Motrin and will add Darvocet prn for headache and cervical strain. The patient is to return here in 7-10 days. Patient is able to return to work, avoiding any heavy lifting and no lifting with left shoulder.

Kathy Funk, MD
KF/mm



OFFICE NOTES

Claim #
2000046841

Christopher Lester

3340

03/27/00

- S Chris reports that he had his MRI last week and he is anxious to know the results of that. His neck and headache are getting better, but he still rates his neck pain as about a 5 on a scale of 1-10, 10 being severe pain. His shoulder pain is still his biggest concern and he rates that as a 7 or 8.
- O On exam he is still tender on the anterior portion of the shoulder. He abducts to only about 90° before reporting he can go no farther. He is still tender to palpate his upper cervical area in the midline of both of his right and left upper traps. He has full range of cervical motion. MRI of his shoulder was completely normal.
- A It is my impression he continues to have a diagnosis of a significant left shoulder strain, a cervical strain and closed head injury.
- P We will get him started with the physical therapist three (3) times a week for the next couple of weeks. I will have him continue his Flexeril tid and his Motrin 800 mg. tid. Will see him back in a week's time.

Marsha L. Bailey, MD, MPH
MLB/mam



OFFICE NOTES

Claim #
2000046841

Christopher W. Lester

██████-3340

03/22/00

- S** Mr. Lester returns today for follow up of closed head injury, cervical strain, left shoulder strain and chest wall contusion. He states that he is still in a good bit of pain, he is unable to move his left shoulder hardly at all. Most of the pain is centered in the left shoulder area. He had an MRI scan done yesterday, however, the report is not available at this time. He is also complaining of some pain that goes up from the base of his neck to the right side of his neck behind his ear. He describes this pain as a lightening bolt/electrical pains. He says it comes and goes and there is no specific trigger, and it will wake him from sleep. He is also complaining of pain with deep breathing. He continues to take his Ibuprofen three (3) times a day and his Vicodin beginning at 5:00 a.m. every 5-6 hours as needed.
- O** On physical exam Mr. Lester has extremely limited range of motion of his left shoulder. He is unable to move his shoulder forward or backward more than 10-15°, he is unable to raise it laterally at all. However, from the elbow down, he has full range of motion, as well as strength. There is some point tenderness over the base of his neck. He does have pain with movements of his neck.
- A** Closed head injury, cervical strain, left shoulder strain, chest wall contusion.
- P** I have encouraged Mr. Lester to continue to take deep breaths to prevent pneumonia. Will continue his Ibuprofen three (3) times a day. Will switch from Vicodin to a muscle relaxer as I feel that this may help his headaches and his neck pain much more than the Vicodin. We have discussed that he can use the Vicodin, but only as needed after the Ibuprofen and the muscle relaxers. I am very concerned at this time that he may be getting a frozen shoulder, and would greatly like to begin physical therapy, however, without the MRI report, I am hesitant to go ahead and order that at this time. If the MRI is negative, I feel that physical therapy would be very beneficial. We will see Mr. Lester back here early next week to follow up on the MRI report.

Shonda Asaad, MD
SA/mm



500688.085.0014

OFFICE NOTES

Claim #
2000046841

Chris Lester
[REDACTED]-3340
03/15/00

- S Chris went in to see Dr. Phillips yesterday. Dr. Phelps performed an audiogram and told him he had a high frequency hearing loss in both of his ears. After his exam, Dr. Phillips didn't see any need for further testing and did not schedule any follow ups. He told Chris he did not have a skull fracture. Chris has not noticed any more drainage from his ears, and actually feels a little bit better after starting the Ibuprofen. He is better in terms of his headache and his shoulder pain, as well as his chest wall pain.
- O On exam Chris does look alert and a little brighter today. His pupils are equal, round and react to light, extraocular movements are intact, his fundi are benign bilaterally. He is still tender over his anterior shoulder and over his upper thoracic spine, just in the midline.
- A It is my impression that he is stable from his closed head injury and multiple contusions and strains. He has an MRI scheduled for Monday of his left shoulder.
- P I will see him back on Wednesday. At that time, based on his MRI, we will go over a treatment plan for him. I anticipate getting him started in physical therapy if he doesn't have any immediate surgical lesions.

Marsha L. Bailey, MD, MPH
MLB/mam



claim #
2000046841

OFFICE NOTES

Christopher Lester

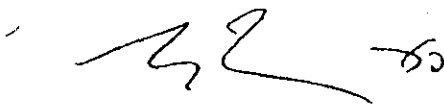
-3340

03/14/00

ADDENDUM NOTE

S I spoke to Dr. Sherry Apple on the phone today regarding my concern about a possible skull fracture. Dr. Apple requested that we consult Dr. David Phillips so I talked to Dr. Phillips on the phone and he agreed to see Christopher in the office this morning. I went ahead and referred Christopher over to the Eye and Ear Clinic today at 1306 Kanawha Boulevard, 343-4371. Dr. Phillips will see him and most likely order a temporal bone scan. I will see Mr. Lester back in the office tomorrow to discuss the results of his evaluation with Dr. Phillips and I will also then talk to him about the left shoulder MRI that we scheduled for next week. I went ahead and gave him a prescription for Motrin 800 one (1) po tid dispense 30 and one (1) refill.

Marsha L. Bailey, MD, MPH
MLB/mam



OFFICE NOTES

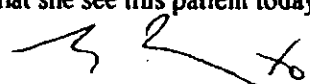
Christopher Lester

3340

03/14/00

Claim#
2000046841

- S Christopher reports he was doing his normal job as a truck driver for DMM Trucking on Friday, March 10th when he fell off the back of a coal truck approximately 5 ½-6' and hit his head. He reports he doesn't remember the fall, but he did lose consciousness as he awoke at least once and remembers looking at the underside of the truck. He awoke several times in the ambulance when he was taken to the ER. Apparently a co-worker saw the fall or came upon him down and called the ambulance. At the ER a head CT was taken, x-rays of his ribs, back, hip and ankles and he was given some pain medications. Saturday night he noticed some clear, oily drainage from his right ear and again on Sunday. Mr. Lester reports that his wife says that his bounce is off and he walks sideways. His biggest complaint today is that he is having a headache. He rates his headache, on a scale of 1-10, 10 being severe pain, as about a 9-10. He is also dizzy and gets blurred visions when he arises from a seated position. He vomited three (3) times on Saturday and twice on Sunday. When he vomited over the weekend, he did notice some blood in his vomitus. He vomited once Monday. He is also noticing some blood when he blows his nose. His second complaint is that he is having pain in his left shoulder. He rates the pain in his shoulder as an 8, and his third complaint is pain in his left posterior ribs. He called the office yesterday and we referred him over to the ER so he could be evaluated and perhaps get a second head CT. He did present to the ER yesterday, he did have a second head CT, I did speak to Dr. Leon Kwei. Dr. Kwei reported that he did review the case with Dr. Sherry Apple. Dr. Apple apparently said she could not rule out a basilar skull fracture, but apparently the patient was stable and he was discharged from the ER and I agreed to see him in the office today. Mr. Lester reports that he had a fall at work in 1994 and he had a compression fracture at either T10 or T11, but he has not had any problems in that area. In 1986 he had a motorcycle accident and did suffer a concussion and was hospitalized for either 14 or 16 days. He currently takes no medicines other than his Vicodin that he received in the ER and has no known allergies.
- O On exam Mr. Lester is alert and oriented. His pupils are equal, round and react to light, his extraocular movements are intact. His fundi are benign. His TM's are benign and there is no drainage at all. His neck is tender to palpate his lower cervical area just in the midline and to the left. His traps are non-tender. He is non-tender over both of his scapula. He is tender to palpate his posterior ribs just below his scapula on the left. His heart has a regular rate and rhythm, his breaths are shallow, but they are clear. He is only minimally tender to deep palpation of his left shoulder anteriorly, but he abducts only to about 20° before reporting he can go no farther. He sits on the exam table holding his left arm across his chest and appears in a significant amount of discomfort from his shoulder.
- A It is my impression that Mr. Lester has a diagnosis of 1. Head injury; 2. Cervical strain; 3. Left shoulder strain, and 4. Chest wall contusion.
- P I am quite concerned about his head injury with his loss of consciousness, lucid interval, and although he has had two (2) negative head CT's, I would like him to be evaluated by a neurosurgeon for his head injury. I have put in a call to Dr. Sherry Apple today and I will wait for her to call me back. I will ask Mr. Lester to wait in the waiting room until I can talk to Dr. Apple and request that she see this patient today. As far as his



500688.085.0017

Christopher Lester

██████████ 3340

03/14/00

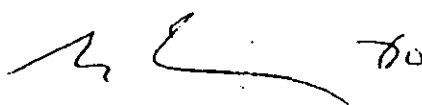
Page 2

Claim #
20000 46841

soft tissue injuries, I will go ahead and request an MRI of his left shoulder. I have given him a prescription for some Motrin 800 mg. one (1) po tid, will dispense 30 and one (1) refill. I will see him back after he sees Dr. Apple and after his MRI of his shoulder. We will follow the gentleman closely and he is obviously unable to go to work.

I do have copies of x-rays from the ER including a negative left shoulder from 3/10/00, a cervical spine from 3/10/00 that is negative, a head CT from 3/10/00 that did not find a fracture or an acute hemorrhage, a head CT from 3/13/00 that was unchanged from the 3/10 exam and a CT of the cervical spine that was negative.

Marsha L. Bailey, MD, MPH
MLB/mam



500688.085.0018

OFFICE NOTES

Claim #
200046841

Chris Lester

3340

03/15/00

- S Chris went in to see Dr. Phillips yesterday. Dr. Phelps performed an audiogram and told him he had a high frequency hearing loss in both of his ears. After his exam, Dr. Phillips didn't see any need for further testing and did not schedule any follow ups. He told Chris he did not have a skull fracture. Chris has not noticed any more drainage from his ears, and actually feels a little bit better after starting the Ibuprofen. He is better in terms of his headache and his shoulder pain, as well as his chest wall pain.
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- P I will see him back on Wednesday. At that time, based on his MRI, we will go over a treatment plan for him. I anticipate getting him started in physical therapy if he doesn't have any immediate surgical lesions.

Marsha L. Bailey, MD, MPH

MLB/mam



OFFICE NOTES

Christopher Lester

3340

03/14/00

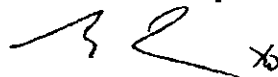
Claim #
2000046841

S Christopher reports he was doing his normal job as a truck driver for DMM Trucking on Friday, March 10th when he fell off the back of a coal truck approximately 5 1/2-6' and hit his head. He reports he doesn't remember the fall, but he did lose consciousness as he awoke at least once and remembers looking at the underside of the truck. He awoke several times in the ambulance when he was taken to the ER. Apparently a co-worker saw the fall or came upon him down and called the ambulance. At the ER a head CT was taken, x-rays of his ribs, back, hip and ankles and he was given some pain medications. Saturday night he noticed some clear, oily drainage from his right ear and again on Sunday. Mr. Lester reports that his wife says that his bounce is off and he walks sideways. His biggest complaint today is that he is having a headache. He rates his headache, on a scale of 1-10, 10 being severe pain, as about a 9-10. He is also dizzy and gets blurred visions when he arises from a seated position. He vomited three (3) times on Saturday and twice on Sunday. When he vomited over the weekend, he did notice some blood in his vomitus. He vomited once Monday. He is also noticing some blood when he blows his nose. His second complaint is that he is having pain in his left shoulder. He rates the pain in his shoulder as an 8, and his third complaint is pain in his left posterior ribs. He called the office yesterday and we referred him over to the ER so he could be evaluated and perhaps get a second head CT. He did present to the ER yesterday, he did have a second head CT, I did speak to Dr. Leon Kwei. Dr. Kwei reported that he did review the case with Dr. Sherry Apple. Dr. Apple apparently said she could not rule out a basilar skull fracture, but apparently the patient was stable and he was discharged from the ER and I agreed to see him in the office today. Mr. Lester reports that he had a fall at work in 1994 and he had a compression fracture at either T10 or T11, but he has not had any problems in that area. In 1986 he had a motorcycle accident and did suffer a concussion and was hospitalized for either 14 or 16 days. He currently takes no medicines other than his Vicodin that he received in the ER and has no known allergies.

O On exam Mr. Lester is alert and oriented. His pupils are equal, round and react to light, his extraocular movements are intact. His fundi are benign. His TM's are benign and there is no drainage at all. His neck is tender to palpate his lower cervical area just in the midline and to the left. His traps are non-tender. He is non-tender over both of his scapula. He is tender to palpate his posterior ribs just below his scapula on the left. His heart has a regular rate and rhythm, his breaths are shallow, but they are clear. He is only minimally tender to deep palpation of his left shoulder anteriorly, but he abducts only to about 20° before reporting he can go no farther. He sits on the exam table holding his left arm across his chest and appears in a significant amount of discomfort from his shoulder.

A It is my impression that Mr. Lester has a diagnosis of 1. Head injury; 2. Cervical strain; 3. Left shoulder strain, and 4. Chest wall contusion.

P I am quite concerned about his head injury with his loss of conscientiousness, lucid interval, and although he has had two (2) negative head CT's, I would like him to be evaluated by a neurosurgeon for his head injury. I have put in a call to Dr. Sherry Apple today and I will wait for her to call me back. I will ask Mr. Lester to wait in the waiting room until I can talk to Dr. Apple and request that she see this patient today. As far as his



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Christopher Lester

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03/14/00

Page 2

claim #
2000046841

soft tissue injuries, I will go ahead and request an MRI of his left shoulder. I have given him a prescription for some Motrin 800 mg. one (1) po tid, will dispense 30 and one (1) refill. I will see him back after he sees Dr. Apple and after his MRI of his shoulder. We will follow the gentleman closely and he is obviously unable to go to work.

I do have copies of x-rays from the ER including a negative left shoulder from 3/10/00, a cervical spine from 3/10/00 that is negative, a head CT from 3/10/00 that did not find a fracture or an acute hemorrhage, a head CT from 3/13/00 that was unchanged from the 3/10 exam and a CT of the cervical spine that was negative.

Marsha L. Bailey, MD, MPH
MLB/nam

MLB

OFFICE NOTES

Christopher Lester

██████████-3340

03/14/00

ADDENDUM NOTE

S I spoke to Dr. Sherry Apple on the phone today regarding my concern about a possible skull fracture. Dr. Apple requested that we consult Dr. David Phillips so I talked to Dr. Phillips on the phone and he agreed to see Christopher in the office this morning. I went ahead and referred Christopher over to the Eye and Ear Clinic today at 1306 Kanawha Boulevard, 343-4371. Dr. Phillips will see him and most likely order a temporal bone scan. I will see Mr. Lester back in the office tomorrow to discuss the results of his evaluation with Dr. Phillips and I will also then talk to him about the left shoulder MRI that we scheduled for next week. I went ahead and gave him a prescription for Motrin 800 one (1) po tid dispense 30 and one (1) refill.

Marsha L. Bailey, MD, MPH
MLB/mam



Charleston Area Medical Center Inc.

Common	Menstrual Division	Women's	Children's Hospital
501 MacCorkle Avenue	3200 MacCorkle Ave., SE	800 P.	Zania Avenue
Charleston, WV 25301	Charleston, WV 25304	Charleston, WV 25302	

FOR Christopher Leston
 Address _____ Date 3-22-00

R Flex eril 10mg
 # 30 (thirty)
 Sig TID PRN muscle spasms

ASAD MD ASAD MD
 (Please Print) Degree (Signature) Degree

PLEASE LABEL CONTENTS Phone or Pager: _____

☒ NON REP ☐ REFILL X 2000 DEA NUMBER _____

This prescription may be filled with a generally equivalent drug product unless the words "Brand Necessary" or the words "Brand Medically Necessary" are written, in the practitioner's own handwriting, on this prescription form.

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Charleston Area Medical Center, Inc.

General ED
501 Morris Street
Charleston, WV 25301

Memorial Division
3200 MacCorkle Ave., SE
Charleston, WV 25304

Women & Children's Hospital
800 Pennix
Charleston, WV 25302

FOR Christopher Lexter

Address _____ Date 3-22-00

Rx Ibuprofen 800mg
90
Sq T po TID \pm food

ASAND MD
(Please Print) Degree

[Signature]
(Signature) Degree

PLEASE LABEL CONTENTS

Phone or Pager: _____

☐ NON REF ☒ REFILL X One DEA NUMBER _____

This prescription may be filled with a generically equivalent drug product unless the words "Brand Necessary" or the words "Brand Medically Necessary" are written, in the practitioner's own handwriting, on this prescription form.

17-6602

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